

January 1, 2011

Dear Sir or Madam:

RE: Disabled Exemption - RSA 72:37-b

Enclosed is the application to be completed in order for the Town to verify your eligibility to receive the Disabled Exemption for tax year 2011. Please complete the form as soon as possible, but no later than April 15, 2011, and return it to the Selectmen's Office, P. O. Box 378, 2 Town Hall Road, Newton, NH 03858.

Also enclosed is a copy of the DISABLED EXEMPTION QUALIFICATIONS for your guidance, which requires that the following documentation be provided in order to be considered: **PLEASE PROVIDE ALL DOCUMENTATION AS OF 12/31/2010**

- a. Copy of the checking account statement(s) *(as of 12/31/10)*
- b. Copy of the savings account statement(s) *(as of 12/31/10)*
- c. Statements regarding the value of stocks, bonds, annuities, and cash surrender value on life insurance policies, IRA's, CD's, etc.
- d. Previous year or current Federal Income Tax filing
- e. Must complete form PA-29 no later than April 15, 2011 which is available in the Selectmen's Office. (If you have not already done so.)
- f. Must be filed no later than April 15th in order to receive the exemption for that tax year

Be assured that all your information will be kept confidential. If you have any questions, please contact the Selectmen's Office at 382-4405 ext 14.

Respectfully,

Nancy J. Wrigley
TOWN ADMINISTRATOR

Encl: Application, Qualifications Outline

TOWN OF NEWTON
DISABLED EXEMPTION QUALIFICATIONS
-EFFECTIVE APRIL 1, 2005-
(RSA 72:37-b)

-DEADLINE TO FILE - APRIL 15, 2011

BENEFIT - \$85,000 VALUATION REDUCTION

1. THE DISABLED EXEMPTION FROM PROPERTY TAX IN THE TOWN OF NEWTON SHALL APPLY TO ANY PERSON WHO IS ELIGIBLE UNDER TITLE II OR TITLE XVI OF THE FEDERAL SOCIAL SECURITY ACT FOR BENEFITS TO THE DISABLED AND IS APPLIED ON A YEARLY BASIS.
2. THE EXEMPTION MAY BE APPLIED ONLY TO PROPERTY WHICH IS OCCUPIED AS THE PRINCIPAL PLACE OF ABODE BY THE DISABLED PERSON. THE EXEMPTION MAY BE APPLIED TO ANY LAND OR BUILDING APPURTENANT TO THE RESIDENCE OR TO MANUFACTURED HOUSING IF THAT IS THE PRINCIPAL PLACE OF ABODE.
3. APPLICANT MUST HAVE BEEN A NEW HAMPSHIRE RESIDENT FOR THREE YEARS PRIOR TO APRIL 1ST. APPLICANT MUST HAVE OWNED THE RESIDENCE BY APRIL 1ST INDIVIDUALLY OR JOINTLY OR IF THE RESIDENCE IS OWNED BY A SPOUSE, THEY MUST HAVE BEEN MARRIED FOR AT LEAST 5 YEARS.
4. APPLICANT MUST HAVE A **NET INCOME OF LESS THAN \$32,000 IF SINGLE; A COMBINED NET INCOME OF LESS THAN \$45,000 IF MARRIED.**
5. NET INCOME TO BE DETERMINED BY DEDUCTING FROM ALL MONIES RECEIVED FROM ANY SOURCE INCLUDING SOCIAL SECURITY OR PENSION PAYMENTS, THE AMOUNT OF ANY OF THE FOLLOWING, OR THE SUM THEREOF.
 - A. LIFE INSURANCE PAID ON THE DEATH OF THE INSURED
 - B. EXPENSES AND COSTS INCURRED IN THE COURSE OF CONDUCTING A BUSINESS ENTERPRISE
 - C. PROCEEDS FROM THE SALE OF ASSETS
6. **APPLICANT HAVING ASSETS NOT TO EXCEED \$60,000 EXCLUDING THE VALUE OF THE DWELLING, AND UP TO 1.38 ACRES OF LAND.**
7. INITIAL APPLICATION MUST BE SUBMITTED ***ON OR BEFORE APRIL 15th*** OF THE TAX YEAR IN WHICH YOU SEEK THE EXEMPTION.
8. PLEASE BRING IN COPIES OF THE FOLLOWING:
(All documents & statements must be as of December 31, 2010)
 - A. **PENSION STATEMENT**
 - B. **SOCIAL SECURITY BENEFIT STATEMENT**
 - C. **BANK STATEMENTS-COMplete-ALL PAGES**
(CHECKING, SAVINGS, IRA, CD'S, STOCKS, BONDS, ETC.)
 - D. **PREVIOUS YEAR FEDERAL INCOME TAX**
 - E. **LETTER FROM SOCIAL SECURITY STATING DISABILITY**
IS FROM TITLE II OR TITLE XVI
 - F. **TRUST DOCUMENT (IF APPLICABLE)**

TOWN OF NEWTON, NEW HAMPSHIRE
DISABLED APPLICATION (RSA 72:37-b)

PLEASE COMPLETE THE FOLLOWING APPLICATION IN ORDER THAT THE ASSESSING DEPARTMENT MAY DETERMINE YOUR ELIGIBILITY FOR THE EXEMPTION FOR THE DISABLED. (RSA 72:37-b)

NAME: _____

RESIDENCE: _____
(Principle Place of Abode)

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ MAP/LOT: _____

SECTION I

1. I AM PRESENTLY MARRIED_____ SINGLE_____
2. I HAVE BEEN A NEW HAMPSHIRE RESIDENT SINCE _____
3. MY PRINCIPLE PLACE OF ABODE IS NEWTON YES_____ NO_____
4. ARE YOU ELIGIBLE UNDER TITLE II OR TITLE XVI FOR THE
FEDERAL SOCIAL SECURITY ACT? YES_____ NO_____
5. YOUR YEARLY HOUSEHOLD INCOME CAN BE CALCULATED FROM THE
FOLLOWING INFORMATION:
- A. YEARLY PENSION(S) (NOT INCLUDING SOCIAL SECURITY) \$_____ 2010
- B. ALL DIVIDENDS RECEIVED (STOCKS, BONDS, ETC.) \$_____ 2010
- C. SOCIAL SECURITY \$_____ 2010
- D. INTEREST RECEIVED
(BANK ACCOUNTS – SAVINGS, CHECKING, CD) \$_____ 2010
- E. PROCEEDS FROM THE SALE OF ASSETS \$_____ 2010
- F. EXPENSES AND COSTS INCURRED IN THE COURSE OF
CONDUCTING A BUSINESS ENTERPRISE \$_____ 2010
- G. LIFE INSURANCE PAYMENT(S) RECEIVED \$_____ 2010
- H. ALL EMPLOYMENT INCOME \$_____ 2010

* NOTE: Please provide copies of your most recent statements for items A, B, C, as of 12/31/2010

**TOWN OF NEWTON, NEW HAMPSHIRE
DISABLED APPLICATION (RSA 72:37-b)**

H. ALL RENTAL INCOME RECEIVED \$_____ 2010

I. INCOME NOT LISTED ABOVE-LIST SOURCES

(Includes any assistance from others)

_____ \$_____ 2010

_____ \$_____ 2010

TOTAL INCOME \$_____ **2010**

**SECTION II
APPLICANT'S TOTAL ASSETS**

1. DO YOU OWN ANY OTHER REAL ESTATE IN ADDITION TO
YOUR RESIDENCE IN NEWTON? YES_____ NO_____

2. IF "YES", WHERE IS IT LOCATED? _____

3. ESTIMATED MARKET VALUE OF OTHER PROPERTY \$_____ 2010
A COPY OF THE REAL ESTATE TAX BILL(S) FROM OTHER COMMUNITIES MUST BE FURNISHED.

4. ESTIMATED MARKET VALUE OF YOUR CAR(S), TRUCK(S),
BOAT(S), EQUIPMENT, ETC. \$_____ 2010

5. MARKET VALUE OF STOCKS, BONDS, MUTUAL FUNDS,
CERTIFICATES, ETC. \$_____ 2010

6. TOTAL VALUE OF INDIVIDUAL RETIREMENT
ACCOUNT (I.R.A.) \$_____ 2010

7. CURRENT CHECKING ACCOUNT(S) BALANCE \$_____ 2010

8. CURRENT SAVINGS ACCOUNT(S) BALANCE \$_____ 2010

TOTAL ASSETS..... \$_____ **2010**

9. CURRENT MORTGAGE BALANCE ON PROPERTY \$_____ 2010

10. NAME OF MORTGAGE HOLDER: _____

* NOTE: It is important that copies of your most recent statements for item numbers 3, 4, 5, & 6,
as of **12/31/2010** be submitted with your application.

**TOWN OF NEWTON, NEW HAMPSHIRE
DISABLED APPLICATION (RSA 72:37-b)**

**SECTION III
GENERAL INFORMATION**

1. HAVE YOU EVER RECEIVED A DISABLED EXEMPTION FROM ANY OTHER
COMMUNITY IN NH OR OTHER STATES? YES_____ NO_____
2. IF YES, GIVE NAME OF COMMUNITY GIVING EXEMPTION _____
3. A COPY OF YOUR **FEDERAL I.R.S. FORM MUST ACCOMPANY YOUR
APPLICATION.**
4. IF YOU HAVE NOT FILED A FORM, WHEN WAS THE LAST YEAR YOU FILED?
19_____ / 200 _____
5. HAVE YOU FILED A STATE OF NH INTEREST & DIVIDENDS TAX FORM?
YES_____ NO_____

**UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE ABOVE
STATEMENTS ARE TRUE, THAT I HAVE BEEN A RESIDENT OF NEW HAMPSHIRE FOR
THE LAST FIVE YEARS PRECEEDING APRIL 1ST, AND THAT THE PROPERTY ON
WHICH EXEMPTION IS CLAIMED IS MY RESIDENTIAL REAL ESTATE. (Defined in RSA
72:37-b).**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE

DATE